

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004152

1. Corporation Name

BRIGHTPOINT LATIN AMERICA, INC.

Principal Place of Business

6402 CORPORATE DR.
INDIANAPOLIS IN 46278

Mailing Address

6402 CORPORATE DR.
INDIANAPOLIS IN 46278

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

99 NOV 22 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

4. Date incorporated or Qualified To Do Business in Florida

08/10/1994

5. FEI Number

35-1778566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$975.00 per year plus \$10.00 per month for each month of delinquency.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPD	LAKIN, ROBERT J	6402 CORPORATE DR.	INDIANAPOLIS IN 46278
VP	HOUSEFIELD, T. SCOTT	6402 CORPORATE DR.	INDIANAPOLIS IN 46278
D	DICK, ROLLIN M	11825 N. PENNSYLVANIA ST	CARMEL IN 46032
D	SANDS, STEVEN B	101 PARK AVE	NEW YORK NY 10178
D	WAGNER, ROBERT F	501 INDIANA AVE #200	INDIANAPOLIS IN 46202
PCD	HOWELL, J. M	6402 CORPORATE DR.	INDIANAPOLIS IN 46278

LS

PLEASE SEE ATTACHED

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, Etc. _____

City _____ State _____ Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Vicky Goldstein
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

11-18-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/99

Date

317-387-5363

Daytime Phone #

2

**Officers and/or Directors
of
Brightpoint Latin America, Inc.**

TITLE	NAME OF OFFICER AND/OR DIRECTOR	STREET ADDRESS OF EACH OFFICER AND/OR DIRECTOR	CITY/STATE/ZIP
C/D	LAIKIN, Robert J.	6402 Corporate Drive	Indianapolis, IN 46278
P/D	HOWELL, J. Mark	6402 Corporate Drive	Indianapolis, IN 46278
V/T	BOUNSALL, Phillip A.	6402 Corporate Drive	Indianapolis, IN 46278
V/S	FIVEL, Steven E.	6402 Corporate Drive	Indianapolis, IN 46278
S	DELANEY, John P.	6402 Corporate Drive	Indianapolis, IN 46278
D	DICK, Rollin M.	11825 N. Pennsylvania Street	Carmel, IN 46032
D	SIMON, Stephen H.	115 W. Washington Street, 15 th Floor East	Indianapolis, IN 46207
D	SANDS, Steven B.	101 Park Avenue	New York, NY 10178
D	WAGNER, Robert F.	501 Indiana Avenue, #200	Indianapolis, IN 46202
D	ADAMS, John W.	251 N. Illinois Street, Suite 200	Indianapolis, IN 46204
D	STUART, Todd H.	2058 Dr. Martin Luther King Street, P.O. Box 44028	Indianapolis, IN 46244